

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

 FEPA
 EEOC

170A11823

Pennsylvania Human Relations Comm. and EEOC
 State or local Agency, if any

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| NAME (Indicate Mr., Ms., Mrs.) Mr. Oniel A. Allen | | HOME TELEPHONE (Include Area Code) (610) 649-9267 |
| STREET ADDRESS 346 West Spring Avenue, Ardmore, PA 19003 | CITY, STATE AND ZIP CODE | DATE OF BIRTH 09/19/1969 |
| NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.) | | |
| NAME Entenmanns | NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +) | TELEPHONE (Include Area Code) (610) 363-2290 |
| STREET ADDRESS 690 E. Lincoln Highway, Exton, PA 19341 | CITY, STATE AND ZIP CODE | COUNTY 029 |
| NAME | TELEPHONE NUMBER (Include Area Code) | |
| STREET ADDRESS | CITY, STATE AND ZIP CODE | COUNTY |
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) | | |
| <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify) | | DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST 10/01/1999 01/04/2001 <input type="checkbox"/> CONTINUING ACTION |

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)).

I. I was hired in September of 1997 as a Route Sales Representative. In 1998 and 1999, I was involved in several vehicular accidents which involved the truck assigned to me by Respondent. These accidents were caused by the side effects of my disability. Because these symptoms continued and the fact that I was at risk for additional accidents, I bid on the position of Rack Loader in October of 1999. The Rack Loader position is a position inside of the company and does not require operation of a vehicle and this would have been a reasonable accommodation. Mr. Nick De Virgillis, Division Sales Manager, advised me to think about this because this position would compensate me at a lower salary. I was approved for the position by Bruce ? (LNU), Route Supervisor. However, the position was subsequently given to Tom ? (LNU), a Thirt Store Clerk. Mr. De Virgillis instructed me to provide medical certification from my physician regarding my medical condition. In compliance with these instructions, my physician submitted a letter dated October 22, 2000. My last day of work was October 31, 2000 and thereafter, I went on vacation. Since I could not return to the Route Sales Representative position, Respondent placed me on short term disability leave on November 8, 1999, the date I was due to return to work.

On November 15, 2000, Mr. De Virgillis contacted me by letter to inquire about how Respondent could assist me in providing reasonable accommodations. I responded by making several suggestions for a

** Text is Continued on Attached Sheet(s) **

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| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. | NOTARY - (When necessary for State and Local Requirements) |
| I declare under penalty of perjury that the foregoing is true and correct. | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. RECEIVED EEOC - Philadelphia District Office |
| 9-18-01 Date | SIGNATURE OF COMPLAINANT - Philadelphia District Office |
| Charging Party (Signature) Oniel A. Allen | SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year) |

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Equal Employment Opportunity Commission
Form 5 - Charge of Discrimination, Additional Text

reasonable accommodation such as providing me with a jumper (similar to a helper) or any other reasonable accommodation Respondent deemed appropriate. On January 4, 2001, my physician contacted Respondent and provided information on my medical condition. My physician also stated that I should not operate a vehicle. Since that time, I have not heard from the Respondent.

II. I believe I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990, as amended, because Respondent refused to provide reasonable accommodation. Moreover, during my short term disability and thereafter, several Racker Loader positions became available. Respondent never contacted me. I also allege that I was discriminated against because of my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended, because Respondent accommodated Tom ?, Thrift Store Clerk (white), by assigning him to a Rack Loader position. Additionally, Respondent transported this person to and from work. This employee has a disability that also puts him at risk for vehicular accidents.